

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
Worldwide Headquarters: Columbus, Georgia 31999  
A Stock Company

This **ON-THE-JOB ACCIDENT DISABILITY BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein. **This rider applies to the Insured only, as shown in the Policy Schedule.** This rider is available only for full-time employees working 30 hours or more per week.

**Part 1**  
**EFFECTIVE DATE**

The Effective Date of this rider is the Effective Date of the policy or the Effective Date of this rider, as stated on the schedule, if later.

**Part 2**  
**PRE-EXISTING CONDITIONS**

Disability caused by a Pre-existing Condition or re-injuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A "Pre-existing Condition" is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation or treatment was recommended or received or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care or treatment.

**Part 3**  
**DEFINITIONS**  
**(for the purposes of this rider)**

- A. **BENEFIT PERIOD:** the maximum number of days for which benefits can be paid for any one or Successive Periods of Disability. Each new Benefit Period is subject to a new Elimination Period. See the Policy Schedule for the Benefit Period you selected. For the purposes of this calculation, a month will be defined as 30 days for which benefits are paid. See definition of Successive Periods of Disability.
- B. **ELIMINATION PERIOD:** the number of consecutive days at the beginning of your period of total disability for which no benefits are payable. See the Policy Schedule for the Elimination Period you selected. Each new Benefit Period is subject to a new Elimination Period.
- C. **ON-THE-JOB ACCIDENT:** an accident that occurs while you are working at any job for pay or benefits.
- D. **SUCCESSIVE PERIODS OF DISABILITY:** separate periods of disability not separated by 180 days or more, if due to the same or related condition, will be considered a continuation of the prior disability. Separate periods of disability due to unrelated causes will be considered a continuation of the prior disability unless they are separated by your returning to your job for at least one full day, during which you are performing the material and substantial duties of this job and are no longer qualified to receive disability benefits.

- E. **TOTALLY DISABLED:** your continuing inability to perform the material and substantial duties of your job. You also must be under the care and attendance of a Physician for your condition.

**Part 4**  
**LIMITATIONS AND EXCLUSIONS**

- A. We will not pay benefits for an accident that is caused by or occurs as a result of you being Totally Disabled while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.
- B. Refer to your policy for additional Limitations and Exclusions.

**Part 5**  
**BENEFITS**

- A. While this coverage is in force, we will insure you as follows:
1. **Through Age 69:** If your On-the-Job Accident is covered and causes you to be Totally Disabled within 90 days of, and as a result of, your accident, we will pay you one-thirtieth of the benefit shown in the Policy Schedule for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period, as shown in the Policy Schedule.
  2. **Age 70 and above:** If your On-the-Job Accident is covered and you require Hospital Confinement within 90 days of, and as a result of, your accident, we will pay you one-thirtieth of the benefit shown in the Policy Schedule times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period, as shown in the Policy Schedule.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Benefits are not payable for Items A1 and A2 for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT WILL BE PAYABLE UNDER THIS POLICY.**

**Part 6**  
**TERMINATION**

This rider will terminate if the policy to which it is attached terminates, if the premiums for this rider are not paid, or upon your death.

In witness whereof, AFLAC, at its worldwide headquarters, has caused this rider to be signed by its secretary and president in the city of Columbus, Georgia.

**ABCD**

Joey M. Loudermilk, Secretary

**ABCD**

Daniel P. Amos, President